

Minutes of the Managed Risk Medical Insurance Board's (MRMIB's)
Mental Health (MH) Liaison Workgroup Meeting
Thursday, April 24, 2008

Roll Call:

Sarah Swaney took roll:

Via phone:

HFP Plan and Behavioral Health Plan Representatives:

Anthem Blue Cross/Wellpoint – Terry Maxson
Blue Shield of California - Brenda Kaplan
CalOptima - Gisela Gomez, Michele Datwyler
Central Coast Alliance – Lilia Chagolla
Community Health Group – George Scolari
Inland Empire Health Plan (IEHP) - Gary Melton, Susan Spooner, and Carmie Avila
Kaiser Permanente – Carla Hicks
Kern Health Systems - Anne Watkins, Debra Shutes
United Healthcare – Pat Buchanan in for Carla Phillips
US Behavioral Health – Jennifer Patterson for Kathleen Pinchetti

California Department of Mental Health (CDMH) Representatives:

Caroline Castaneda

County Mental Health Representatives:

Don Kingdon - **CMHDA**
Suzanne Tavano – **Contra Costa County**
Denise Giblin – **Calaveras County**

Present:

Ruth Jacobs – MRMIB, Benefits and Quality Monitoring (BQM) Division, Assistant Deputy
Sarah Swaney - MRMIB BQM Division, Research Program Specialist
Juanita Vaca – MRMIB BQM Division, Research Analyst
Leia Baraza - MRMIB BQM Division, Staff Services Analyst
Monica Martinez - MRMIB BQM Division, Management Service Technician

Welcome and Introductions – Sarah Swaney

Sarah introduced MRMIB staff and welcomed everyone. Everyone was asked if they had received the agenda along with the minutes and if there were any changes. No changes.

This year the Mental Health Unit will be working on revisiting the Healthy Families handbook updates to mental health and clarifying the plan-provided and county-provided benefits. We would like to enhance the HFP website as well. These improvements will help plans, providers, counties and subscribers access information in a more consistent manner. We'll be reporting on this in the next few meetings.

Sarah will also be going through the California Institute for Mental Health (CIMH) resource binder which includes flowcharts and other materials, one being the SED mental health brochure. Some of the workgroup may have seen the materials.

Action Item: See if the materials in the CIMH resource binder are accessible via website. An update will be provided in the July meeting.

Update on County Liaisons Contact List – George Scolari

Conversation was around the use of the list to better coordinate care. The existing list contains the names of the counties' behavioral health officials of the highest level. The liaison list that was circulated in 1997 had the names of the persons who actually worked at the member level filling out forms and faxing them. Counties should be encouraged to revisit this and update their list. There could be two lists, one for administrative level use and one for operational, day to day business.

Suzanne Tavano stated that has been discussed within CMHDA. The list was circulated to all the mental health directors who were asked to update the contact list.

George Scolari asked if the list will be updated to include local county mental health directors or persons who will receive the faxes and SED referrals.

Suzanne stated that they are asking that the actual liaison be designated as well.

Some of the bigger counties could have up to 17 different persons. Are the SED carve-out persons on this list? In LA County, the individual clinics have to be faxed the SED referrals. It was suggested that in the bigger counties it would be beneficial if the county designated 2-3 persons as points of contact.

Suzanne said this issue was brought up as well in the CMHDA/Medi-Cal Policy Committee meeting last week and the conversation will continue in next months meeting.

Don Kingdon posed a question to the plans: If the list is electronic, accessible and posted on the CMHDA website, would this be as valuable to the plans as a paper list? An electronic list would be easier for CMHDA to maintain and it could be linked to the MRMIB website.

From a plan's perspective, an electronic list would be easier to disseminate amongst various entities at the plan level. Having a centralized location by county would be a benefit, especially when trying to get the medications for a child.

Suzanne said that when the pharmacy benefit issue gets resolved, then having a centralized location for the liaison list will get resolved also. Right now it's an unfunded benefit, so each county has to figure out how to use their county money to pay for the medication.

Don stated that you won't find uniformity across all counties as to how to deal with the pharmacy issue because there is no uniform claims submission process. It was suggested that developing a location on the web for pharmacy related FAQ's and also provide FAQs by county.

It was suggested that a pamphlet be developed to include pharmacy information for providers to use to tell the parent or child what to do, where to go with the prescription or who to call if there is problem obtaining the medication. MRMIB should encourage provider training in the counties.

MRMIB has met with DMH and CMHDA to address the pharmacy issue. MRMIB is committed to trying to find a solution.

Action Item: CMHDA will be working on the counties contact list.
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Encounter Data Pilot Project Plans and Project Summary – Ruth Jacobs

Data from the "pilot" plans:

Blue Cross
Blue Shield
Inland Empire Health Plan
LA Care Health Plan
Contra Costa Health Plan
Community Health Plan (LA)

The Encounter Data Project will require all HFP plans to submit encounter data and claims, including mental health services provided by the plans. Some plans use the DHS format that is used now for Medi-Cal, as some plans are in Medi-Cal managed care. Some of the other plans are going to use a HIPAA compliant form, which is the 837.

The request which the plans received to submit encounter data was for the Phase II and Phase III Mental Health/Substance Abuse evaluation that MRMIB is conducting. The evaluation has been suspended and MRMIB is considering evaluation options for proceeding with the evaluation. It is important for the Board to understand mental health and substance utilization by HFP members. The plans do not need to send encounter data at this time. The plans that did submit data should be receiving it back from Macias. If the plans have not received their data, please let us know.

George S. asked if MRMIB could still use the data as a lot of hard work was put into gathering it. It was also suggested that all or some of the plans be included in determining what data should be gathered in the study. Some of the questions Macias asked were kind of odd, such as a list of all diagnostic codes.

Action Item: Have a MRMIB staff sit in in next workgroup meeting to talk about the encounter data.
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MENTAL HEALTH WORKGROUP SUMMARY – SARAH SWANEY

Page 2 of the agenda contains a summary of what this workgroup is about. We have some new folks, some returning folks and we want to solicit your input on the objectives, etc. We have a lot of work in this workgroup but if we haven't stated something that you feel is needed please email Sarah Swaney or Juanita Vaca with your ideas so we can update the summary.

MENTAL HEALTH TRI-FOLD PAMPHLET COMMITTEE – GEORGE SCOLARI

George Scolari stated that the pamphlet is being distributed to the psych hospitals in San Diego. He has received positive feedback about it. It looks good the way it is, and graphics are okay.

MRMIB's awaiting CIMH response to provide updates on the specifics for the "Did you know ..." box that is on the SED pamphlet that shows statistics.

Action Item: A subgroup will be working on the tri-fold pamphlet.

SMALL COUNTIES ISSUES – DON KINGDON

Do we need something separate or add to this workgroup to address small county issues? This was posed to Calaveras County (Denise Giblin).

Calaveras County does not have that many children that are Healthy Families. The county sets up the child for an intake to determine whether they have SED, then make the referral.

Action Item: MRMIB will contact the small counties' mental health directors to get their input on the special issues, small counties face in providing mental health such as lack of providers etc.

NEXT MEETING:

Next meeting will be July 31st. We will review the HFP handbook and propose some updates that would distinguish the mental health benefit plans provide and the services for persons with SED conditions the counties provide. MRMIB will inventory the CIMH resource binder to see what can be shared with the group. Will put together FAQs and send them out to the group for input.

Meeting was adjourned.